MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00514

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
LENGTH OF STAY (in this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville Rural
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) BARTON (Last) ALMONY

4. DATE OF DEATH (Month) JANUARY (Day) 26 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Aug 22-1869
9. AGE last birthday 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WHITE HALL MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John B Almony
14. MOTHER'S MAIDEN NAME Annie Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Mrs. J. B. Almony

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Antecedent cause(s) (b) Arteriosclerosis

331X 83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Very high blood pressure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16 1950 to Jan 26 1950 that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 1230 P m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis M Free MD Stewartstown Pa Jan 26 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE JAN. 28-1950
NAME OF CEMETERY OR CREMATORY Ayres' Chapel
LOCATION (City, town, or county) (State) White Hall. Rural Md

DATE REC'D BY LOCAL REG. 1/28/50
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Howard D Mackline ADDRESS White Hall Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00515

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) K. (Last) Armstrong

4. DATE OF DEATH (Month) January (Day) 17 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Aug. 2 1928 | 9. AGE last birthday 21 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier | 10b. KIND OF BUSINESS OR INDUSTRY "A&P Co" | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Kelly B. Armstrong | 14. MOTHER'S MAIDEN NAME Elizabeth Southiane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Chas. W. Greever Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound, comminuted fracture skull — none

979K Antecedent cause(s)

164f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Penna RR tracks | (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 16, 1950 11P m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Walked in front of express train

22. I hereby certify that I attended the deceased from ——, 19....., to ....., 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 1/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE Jan. 17th 1950 | NAME OF CEMETERY OR CREMATORY Richvalley Cemetery | LOCATION (City, town, or county) Chatam Hill Virginia (State)

DATE REC'D BY LOCAL REG. Jan. 17-1950 | REGISTRAR'S SIGNATURE Nellie H. Riley | 24. FUNERAL DIRECTOR Henry Parring and Sons - Aberdeen Md ADDRESS

210 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00515

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS 809 Lafayette St. — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 809 Lafayette St.

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Francis (Last) Byrne

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 20 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Russell Byrne

14. MOTHER'S MAIDEN NAME: Sarah Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 212-26-3385

17. INFORMANT: Frances M. Byrne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Oedema — Interval Between Onset and Death: 40 min.

Antecedent cause(s) (b) Chronic Valvular Disease of Heart — 5 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension

42.14 92d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 47, to Jan 12, 1950, that I last saw the deceased alive on Jan 12, 1950, and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles J. Foley M.D. ADDRESS: Havre de Grace DATE SIGNED: 1/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 16 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Fort Myer — (State): Va.

DATE REC'D BY LOCAL REG.: Jan. 14-50 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace, Md.

XVX49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00517

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) Harford Memorial Hospital

3. NAME OF DECEASED (Type or Print): (First) Jacqueline (Middle) Sue (Last) Coakley

4. DATE OF DEATH: (Month) (Day) (Year) 1/28/50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan 26, 1950

9. AGE last birthday: — yrs. If under 1 year: Months — Days 2; If under 24 hrs.: Hours — Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Coakley

14. MOTHER'S MAIDEN NAME: Sue Whittaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Jack Coakley (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) no bowel or kidney function

756.2 157g

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1950, to 1/28, 1950, that I last saw the deceased alive on 1/27, 1950, and that death occurred at 11:20 m., from the causes and on the date stated above.

SIGNATURE Frank A. Faraine, M. D. (Degree or title) ADDRESS Harford Mem. Hosp. DATE SIGNED 1/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/30/50

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Jan. 30-50

REGISTRAR'S SIGNATURE G. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS Pennington & Son

2-0-126-0-37-1-38-3

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

Thomas J. Davidson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Not Be 00518

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
STREET ADDRESS (If rural, give location) 403 Elmwood Road ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) J. (Last) Davidson
4. DATE OF DEATH: (Month) Jan. (Day) 10. (Year) 19 50

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 4, 1915
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army officer
10b. KIND OF BUSINESS OR INDUSTRY: U. S. army
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): Currently
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Adjutant, Army Chemical Center, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Coronary Disease — Indefinite

420.1 Antecedent cause(s) (b) Generalized arteriolar sclerosis

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Autopsy revealed occlusion left coronary artery

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. - 9 -, 19 50, to Jan. - 10 -, 19 50, that I last saw the deceased alive on Jan. - 10 -, 19 50, and that death occurred at 0155 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul Hunsuckel — Station Hospital A.P.G., Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Cremat | DATE: Jan 11, 1950 | NAME OF CEMETERY OR CREMATORY: Wm. Cook Sr. | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: Jan. 17-1950 | REGISTRAR'S SIGNATURE: Nellie H. Tilley | 24. FUNERAL DIRECTOR — ADDRESS

Howard R. McComas & Son, Abingdon Maryland. 60846

RECEIVED
JUL 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06519

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Webster | LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural #1
STREET ADDRESS (If rural, give location) Webster

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Divers

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 23 1862

9. AGE last birthday: 87 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. H. Divers

14. MOTHER'S MAIDEN NAME: Mary Deroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: W. Arthur Divers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic C.V. Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1939, to Jan, 1951, that I last saw the deceased alive on Jan 3, 1950, and that death occurred at 9 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. Ralph Harley M.D. Churchville Jan 6 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 8th 1950 | NAME OF CEMETERY OR CREMATORY: Churchville Cemetery | LOCATION (City, town, or county) (State): Churchville Maryland

DATE REC'D BY LOCAL REG.: Jan. 7-50 | REGISTRAR'S SIGNATURE: Nellie F. Riley

24. FUNERAL DIRECTOR | ADDRESS: Henry Tarring & Sons Aberdeen Md

RECEIVED
JAN 11 1950
BUREAU V. S.

00520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill — LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Anderson Divers
4. DATE OF DEATH (Month) (Day) (Year): Jan 14 1950
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June - 1868
9. AGE last birthday: 91 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Floyd Co Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm Anderson Divers
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Clara Cox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Transverse Colon — 2 years

153 X Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to Jan 14, 1950, that I last saw the deceased alive on Nov. 16, 1949, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE: Robert Barthet (Degree or title) MD. — ADDRESS: Forest Hill, Md. — DATE SIGNED: 1/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan 16 1950 — NAME OF CEMETERY OR CREMATORY: Fairview Church — LOCATION (City, town, or county) (State): Forest Hill Harford Md
DATE REC'D BY LOCAL REG.: 1/15/50 — REGISTRAR'S SIGNATURE: Priscilla Lowood — 24. FUNERAL DIRECTOR: Martin G Kurtz — ADDRESS: Jarrettsville Md.

866 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1950
BUREAU V. S.

00521

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 Lewis St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 502 Lewis Street

3. NAME OF DECEASED (Type or Print) (First) REBECCA (Middle) (Last) DURBIN

4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH About 1874
9. AGE last birthday 75 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Aberdeen Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John French
14. MOTHER'S MAIDEN NAME Harriett Cane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Mary Christy 502 Lewis St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asthma Silicosis

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

97 (c) Toxemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Jan 1, 1950, that I last saw the deceased alive on 1/1, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles J Foley M D Havre de Grace Md 1/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/5/50
NAME OF CEMETERY OR CREMATORY St James A.M.E
LOCATION (City, town, or county) Havre de Grace (State) Md

DATE REC'D BY LOCAL REG. Jan. 3-50
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Elmer E Bullock ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 4 1950
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00522

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

FILM No. G 12 APR 19 1950

1. PLACE OF DEATH: COUNTY Harford Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Streett RD
LENGTH OF STAY (in this place) 32
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Streett, Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) C (Last) Famous
4. DATE OF DEATH (Month) Jan (Day) 13 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married
8. DATE OF BIRTH July 24 1911
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME J. Melvin Townsley
14. MOTHER'S MAIDEN NAME Grace Almony
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Frank E Famous Streett, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory paralysis

193 X Antecedent cause(s)

54b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain tumor

(c) Metastatic glioma; Primary site: spinal cord. (4-19-50 - ams)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to January 13 1950, that I last saw the deceased alive on January 12, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bryan Borogi MD CARDIFF 1/14/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE Jan 16 1950
NAME OF CEMETERY OR CREMATORY Emory Cem.
LOCATION (City, town, or county) Streett (State) Md

DATE REC'D BY LOCAL REG. Jan. 15, 1950
REGISTRAR'S SIGNATURE C. W. Kirk
24. FUNERAL DIRECTOR Hubert P. Harkins ADDRESS Delta Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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00523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH · COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminister
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital Aberdeen Proving Ground	STREET ADDRESS (If rural, give location): Route #5 ✓

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Edward	(Last) Feister	4. DATE OF DEATH	(Month) Jan. (Day) 3. (Year) 1950
5. SEX: male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: Dec.-5-1949	9. AGE last birthday: yrs.	If under 1 year: Months. – Days 29; If under 24 hrs.: Hours . Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------	10b. KIND OF BUSINESS OR INDUSTRY: -------	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Nolan Kenneth Feister	14. MOTHER'S MAIDEN NAME: Betty Elizabeth Goodwin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) ----	16. SOCIAL SECURITY No.: -------	17. INFORMANT AND ADDRESS: Mother, Westminster, Md., Rt. 5			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Premature birth, neonatal death	29 days
776 ✗ Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -------	19b. MAJOR FINDINGS OF OPERATION: ----------	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): ------	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ----	(CITY OR TOWN): -------	(COUNTY): ----	(STATE): –
TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ----------		

22. I hereby certify that I attended the deceased from Dec.-5-, 1949, to Jan.-3-, 1950, that I last saw the deceased alive on Jan.-3-, 1950, and that death occurred at 2:25 a. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Station Hospital Aberdeen Proving Ground, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Jan. 14-50	REGISTRAR'S SIGNATURE: Nellie H. Riley	24. FUNERAL DIRECTOR: Howard K. McConnas & Son — ADDRESS: Abington - Md

2-0-R-25-9-21-1-22-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 16 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH · COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Rising Sun, Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Phyllis (Middle) (Last) Gamble			4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH 10-14-1948	9. AGE last birthday 1 yrs.	If under 1 year Months 14 ~~Days~~ / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Rising Sun, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Alfred Gamble			14. MOTHER'S MAIDEN NAME Helen Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT Alfred Gamble, Rising Sun, Md.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	3 hrs.
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infectious diarrhea	7 days
119a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypoproteinemia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan, 1950, to 16 Jan, 1950, that I last saw the deceased alive on 16 Jan, 1950, and that death occurred at 4 35 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R B Norment	M.D.	Havre de Grace Md	1.16.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-18-1950	NAME OF CEMETERY OR CREMATORY Hopewell	LOCATION (City, town, or county) (State) Port Deposit, Md. Rural
DATE REC'D BY LOCAL REG. Jan. 17-50	REGISTRAR'S SIGNATURE G. L. Lewis M. D.	24. FUNERAL DIRECTOR Lee A. Patterson & Son.	ADDRESS Perryville, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00525

CERTIFICATE OF DEATH

Reg. Dist. No. 185 -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford, Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 509 Otsego

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) J. (Last) Getzel
4. DATE OF DEATH: (Month) (Day) (Year) 1/29/50 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7/6/1897
9. AGE last birthday: 52 yrs. If under 1 year: Months 6 Days 23. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Havre de Grace Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Duckeler
14. MOTHER'S MAIDEN NAME: Mary E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO. —
17. INFORMANT: Louis Getzel (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 hr.

331 X Antecedent cause(s) 53a
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 4 yrs
(c) Arteriosclerosis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1950, to 1/29, 1950, that I last saw the deceased alive on 1/27, 1950, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Claude J. Foley M.D. Havre de Grace Md. 1/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2/1/50
NAME OF CEMETERY OR CREMATORY: Mt. Erin
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Jan. 30-50
REGISTRAR'S SIGNATURE: G. L. Lewis M.D.
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS

VS. A15

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FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00526

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Havre de Grace Road

3. NAME OF DECEASED (Type or Print): (First) Amos (Middle) C (Last) Green

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 20 1885

9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Aberdeen Police Dept.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture skull	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

812.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture both bones both legs — 1 hour

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 7 1950 11 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? H by car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Gerald C Palmer M.D. County Medical Examiner Bel Air Md. Harford Co. 1/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Jan. 10th. 1950 | NAME OF CEMETERY OR CREMATORY County Home Cemetery | LOCATION (City, town, or county) (State) Bel Air Maryland

DATE REC'D BY LOCAL REG. Jan. 9-50 | REGISTRAR'S SIGNATURE A. L. Lewis Jr. M. D. | 24. FUNERAL DIRECTOR Henry Harring and Sons | ADDRESS Aberdeen Md.

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JAN 11 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen, Maryland
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hosp. A. P. G.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): Bldg. T-900 Apt. #1 A.P.G.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Steward (Last) Handwerk

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 4, 1950

9. AGE last birthday: yrs. — If under 1 year: Months. Days 1 — If under 24 hrs.: Hours 35 Min. 32

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen Steward Handwerk

14. MOTHER'S MAIDEN NAME: Marvel Ann Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If year, give war or dates of service): --

16. SOCIAL SECURITY No.: --- -

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Deformed chest; Atelectasis

759.3 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity - cause unknown

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1950, to Jan. 6, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 2:40 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Laura Hill Kremer M. D. Station Hospital. A.P.G. Aberdeen, Md. 1/31/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan. 9, 1950
NAME OF CEMETERY OR CREMATORY: Aberdeen Proving Ground
LOCATION (City, town, or county) (State): Aberdeen, Maryland

DATE REC'D BY LOCAL REG. Jan. 12, 1950
REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Howard K. McComas & Son
ADDRESS: Abingdon, Md.

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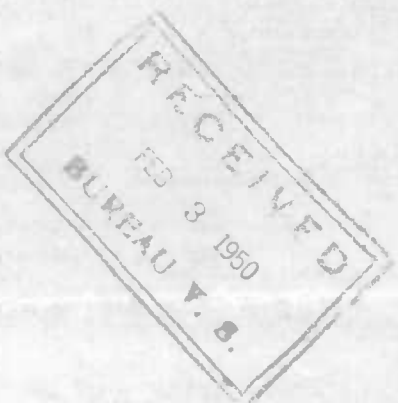
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FEB 3 1950
BUREAU V. S.

00528

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ontario St. Extended

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) Ontario St. Extended

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Haywood (Last) Harlow

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) Married
8. DATE OF BIRTH Sept. 23, 1873
9. AGE last birthday 76 yrs. If under 1 year Months 4 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Pittsburg - Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Harlow
14. MOTHER'S MAIDEN NAME Thursa Buttler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. May B. Harlow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	13 days
Antecedent cause(s)	(b) Arterio Sclerosis	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	2 yrs.

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Toxemia 48 hr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1948, to 1/25, 1950, that I last saw the deceased alive on 1/25, 1950, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D. ADDRESS 327 Stevens / Havre de Grace Md. DATE SIGNED 1/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 28, 50
NAME OF CEMETERY OR CREMATORY Darlington Cem
LOCATION (City, town, or county) (State) Darlington, Harford Co. Md.

DATE REC'D BY LOCAL REG. Jan. 26-50
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

41693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1950
BUREAU V. S.

Evidence for addition of 7 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

00529

CERTIFICATE OF DEATH

FILM No. G·124 JAN 20 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md. 24
STREET ADDRESS (If rural, give location) 441 N. Bouldin St

3. NAME OF DECEASED (Type or Print): (First) Emmet (Middle) Joseph (Last) Harrison

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/9/1904

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penna.,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harrison

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Margaret E Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 220-03-9595

17. INFORMANT: ~~Mary~~ Margaret E. Harrison, 441 N. Bouldin St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: none

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner — Harford Co Bel Air md — 1/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: Jan. 12, 1950 | NAME OF CEMETERY OR CREMATORY: John A. Moran | LOCATION (City, town, or county) (State): 3000 E. Baltimore St

DATE REC'D BY LOCAL REG. Jan. 12, 1950 | REGISTRAR'S SIGNATURE: Mae M. Mondadale | 24. FUNERAL DIRECTOR, ADDRESS: Howard E. McCormac & Son Abingdon Md 42099

RECEIVED
JAN 16 1950
BUREAU V. S.

00530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Forest Hill — LENGTH OF STAY (in this place): 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Lee (Last) Hilditch
4. DATE OF DEATH: (Month) Jan. (Day) 27 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 8, 1949
9. AGE last birthday: yrs. — If under 1 year: Months 7, Days 19 — If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ralph George Hilditch
14. MOTHER'S MAIDEN NAME: Agnes Bessie Bosley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Agnes Hilditch Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial — 12 hrs.

491X Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26, 1950, to Jan. 27, 1950, that I last saw the deceased alive on Jan. 26, 1950, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE: Charles A. Neff (Degree or title) M.D. — ADDRESS: Street, Md — DATE SIGNED: Jan. 27, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-29-50 — NAME OF CEMETERY OR CREMATORY: Mt Zion, Bellevue Md — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 1-28-50 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Marion T. Kurtz — ADDRESS: Jane Moore Md

2-0-6-08-9-32-6-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

00531

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Rural
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Otter Point

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) S. (Last) Hipkins

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 7 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Hipkins

14. MOTHER'S MAIDEN NAME: Alice West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-16-8497

17. INFORMANT: Mrs Howard A. Hipkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic CV disease — Interval between onset and death: 1 year

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co Rd Air Md 1/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Jan. 5th. 1950 | NAME OF CEMETERY OR CREMATORY Aspenwall Cemetery | LOCATION (City, town, or county) (State) Perryman, Harford Co Md

DATE REC'D BY LOCAL REG. Jan 4 1950 | REGISTRAR'S SIGNATURE Mame M. Mondedale

24. FUNERAL DIRECTOR Harvey Tarring and Sons ADDRESS Aberdeen Md.

RECEIVED
JAN 6 1950
BUREAU V. S.

00532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Balto. Street extended.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Hoke
4. DATE OF DEATH (Month) Jan (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 8-24, 1885
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Chas W Hoke
14. MOTHER'S MAIDEN NAME Eliza Dennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-01-9425
17. INFORMANT Sarah E. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pleural effusion, rt., bloody
231X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable neoplasm, rt. lung
92a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but not related to the disease or condition causing death. Aortic incompetency + regurgitation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1949, to 1/11, 1950, that I last saw the deceased alive on 1/9, 1950, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE Peter P. Rodman M.D. (Degree or title) ADDRESS Aberdeen Md. DATE SIGNED 1/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 14th 1950
NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery
LOCATION (City, town, or county) Aberdeen Harford (State) Md.

DATE REC'D BY LOCAL REG. Jan. 14-50
REGISTRAR'S SIGNATURE Nellie H Riley
24. FUNERAL DIRECTOR Henry Tarring and Sons. ADDRESS Aberdeen Maryland.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00533

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Jarrettsville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Jarrettsville.
STREET ADDRESS (If rural, give location): Street, Md.

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Harrison (Last) Holland.

4. DATE OF DEATH: (Month) Jan (Day) 9, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 9, Days 15. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Animal Tender

10b. KIND OF BUSINESS OR INDUSTRY: Medical Research

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry Holland.

14. MOTHER'S MAIDEN NAME: Martha Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 220-18-4547

17. INFORMANT AND ADDRESS: Cora Holland - (wife) Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute heart failure	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute cardiac dilatation	3 hrs.
443 / 93d	(c) Hypertensive Cardiovascular disease	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1944, to Jan. 9, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: Charles A. Neff (Degree or title) M.D. ADDRESS: Street DATE SIGNED: Md. 1/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan 11, 1950 — NAME OF CEMETERY OR CREMATORY: St James Cem. — LOCATION (City, town, or county) (State): Federal Hill, Harford Co. Md.

DATE REC'D BY LOCAL REG. 1/10/50 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR ADDRESS: Martin G. Kurtz, Jarrettsville, Md.

496 96

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00534

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; LENGTH OF STAY (in this place) Rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) Victoria (Last) Hubble

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov. 18, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Russell Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Purcell

14. MOTHER'S MAIDEN NAME: Mary Whitsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: John Hubbell Havre-De-Grace Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Peritonitis	1 month
578 Antecedent cause(s)		
123 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perforation Colon	1 month
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia — 2 days

19a. DATE OF OPERATION: Dec 8, 1949

19b. MAJOR FINDINGS OF OPERATION: Perforation colon with peritonitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Jan 3, 1950, that I last saw the deceased alive on Jan 3, 1950, and that death occurred at 830 P m., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer M.D. (Degree or title) ADDRESS: Bel Air Md. DATE SIGNED: 1/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Jan. 6 1950; NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem; LOCATION (City, town, or county) (State): Harford Co. Md

DATE REC'D BY LOCAL REG.: Jan. 4, 1950; REGISTRAR'S SIGNATURE: C. V. Kirk

24. FUNERAL DIRECTOR: H. S. Bailey; ADDRESS: Darlington Md.

RECEIVED
FEB 6 1950
BUREAU V. S.

00535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air R.D.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air R.D.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/20/1876

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Cedric Johnson

14. MOTHER'S MAIDEN NAME: Millie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 216-18-6645

17. INFORMANT AND ADDRESS: Mary Alice Johnson Bel Air R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

530

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1950, to 1/23, 1950, that I last saw the deceased alive on 1/23, 1950, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles Richardson Jr. M.D. Bel Air Md 1/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jan. 27 1950 | NAME OF CEMETERY OR CREMATORY: Asbury | LOCATION (City, town, or county) (State): Churchville, Harford Md

DATE REC'D BY LOCAL REG. 1/26/50 | REGISTRAR'S SIGNATURE: Priscilla Foxwood | 24. FUNERAL DIRECTOR ADDRESS: Howard E. McComas & Son Aberdeen Md

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JAN 31 1950
BUREAU V. S.

Evidence for addition in #13 shown on:

00536

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 124 MAR 6 1950

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prospect, 3 mi So. of Whiteford
LENGTH OF STAY (in this place): 53 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whiteford, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) MAY (Last) JONES
4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 4, 1896
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Whiteford, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elmer H. Bull
14. MOTHER'S MAIDEN NAME: Margaret S. Barrow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Mrs. James Tracey, Whiteford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma with metastasis	6 mo.
174X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 1. Carcinoma of submaxillary salivary gland (rt)	—
48a	(c) 2. Carcinoma of uterus (3/3/50 A.S.)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to Jan. 25, 1950, that I last saw the deceased alive on Jan 20, 1950, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE: Charles A. Croft (Degree or title) M.D. — ADDRESS: Street, Md. — DATE SIGNED: 1-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 28, 1950 — NAME OF CEMETERY OR CREMATORY: Darlington cemetery — LOCATION (City, town, or county): Darlington, (State) Md.

DATE REC'D BY LOCAL REG.: Jan. 28, 1950 — REGISTRAR'S SIGNATURE: C. H. Kirk

24. FUNERAL DIRECTOR: Hubert P. Harkins — ADDRESS: Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 6 1950
BUREAU U. S.

00537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md.
STREET ADDRESS (If rural give location) 821 Ontario

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Catherine (Last) Keene

4. DATE OF DEATH (Month) (Day) (Year) 19 I/I6/50

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4/ 8/I863
9. AGE last birthday 86 yrs. If under 1 year Months 9 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Level Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James E. Bradfield
14. MOTHER'S MAIDEN NAME Catherine Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT A. Ramsey Keene (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerosis
331X Antecedent cause(s) Cerebral Hemorrhage
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension
(c) Cardiac Failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 1:20 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D. ADDRESS 327 Hanson Ave Havre de Grace Md DATE SIGNED 1/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE I/I9/50
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Jan. 18-1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1950

00538

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Kenneth	Lewis	January	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	July 2 1949	6 Mos. ~~yrs.~~				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Harford Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Lee	Rosie E Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	No	John N. Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Bronchopneumonia	1 day
491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
107 (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	M.D. Deputy Medical Examiner	Harford Co. Bel Air Md.	1/22/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 23 1950	Clarke Chapel Cem.	Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 23, 1950	C. H. Kirk	H. S. Bailey	Darlington, Md.

20-7-12-9-22-2-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00540

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Abbie (Middle) Lillie (Last) MacLean

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 5/31/1873

9. AGE Last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fallston Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lambert Pennington

14. MOTHER'S MAIDEN NAME: Hannah Wethergill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Ola May MacLean Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic CV disease — Interval between onset and death: 4 years

Antecedent cause(s)

422.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1945, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer — (Degree or title): M.D. — ADDRESS: Bel Air, Md. — DATE SIGNED: Jan 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 4 1950 — NAME OF CEMETERY OR CREMATORY: Friendship — LOCATION (City, town, or county): Fallston — (State): Md

DATE REC'D BY LOCAL REG.: 1/4/50 — REGISTRAR'S SIGNATURE: Priscilla Towood — 24. FUNERAL DIRECTOR: Howard E. McLean & Son — ADDRESS: Aberdeen Md

VS. A15

RECEIVED
JAN 5 1950
BUREAU V. S.

00539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospita, Aberdeen Proving Ground, Maryland	STREET ADDRESS (If rural, give location): 11 Fern Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Timothy (Last) McCarty

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: 2 January 1950

9. AGE last birthday: yrs. — If under 1 year: Months 1 day, Days 3 hours; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Edward McCarty

14. MOTHER'S MAIDEN NAME: Margaret Ethel Inman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John E. McCarty, Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776x Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---

(CITY OR TOWN): ---

(COUNTY): ---

(STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 2 Jan, 1950, to 3 Jan, 1950, that I last saw the deceased alive on 3 Jan, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stelio Impresario MD — ADDRESS: Sta Hosp, Aberdeen PrGr, Md. — DATE SIGNED: 4 Jan 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan 5, 1950 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county): Edgewood, (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 14-1950 — REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Howard K McConnell Son — ADDRESS: Abington — Md

2-0-1-02-0-28-3-27-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

00541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air rural
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) J. (Last) Mitchell
4. DATE OF DEATH (Month) Jan. (Day) 30th. (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 19th 1881
9. AGE last birthday 68 yrs. If under 1 year: Months 1 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. J. Thomas
14. MOTHER'S MAIDEN NAME Julia Russe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Alonzo E. Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diabetes Mellitus	10 yrs
260 x Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
61	(c) Diabetes Coma	2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1940, to 1/30, 1950, that I last saw the deceased alive on 1/30, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Fehn M.D. ADDRESS Havre de Grace Md. DATE SIGNED 1/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 2nd 1950
NAME OF CEMETERY OR CREMATORY Angle Hill Cemetery
LOCATION (City, town, or county) (State) Havre de Grace, Harford, Md.
DATE REC'D BY LOCAL REG. 2/1/50
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Henry Torring and Sons ADDRESS Aberdeen, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1950
U. S.

00543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH · COUNTY: Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, R.D. — LENGTH OF STAY (in this place): 18 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) H. (Last) Osborn

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1950

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 7/28/1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Harford Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Henry Osborn

14. MOTHER'S MAIDEN NAME: Julia Ann Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mary A. Osborn, Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic CV disease	1 year
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Jan 5, 1950, that I last saw the deceased alive on Dec 15, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer (Degree or title) M.D. ADDRESS: Bel Air, Md. DATE SIGNED: Jan 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 9, 1950 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county) (State): Churchville, Harford, Md

DATE REC'D BY LOCAL REG.: 1/8/50 — REGISTRAR'S SIGNATURE: Priscilla Lowood — 24. FUNERAL DIRECTOR: Howard K. McCorna & Son — ADDRESS: Abingdon Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00542

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY HARFORD; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BEL AIR; LENGTH OF STAY (in this place) 3 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BEL AIR; STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) BABY GIRL (Middle) (Last) MOXLEY

4. DATE OF DEATH: (Month) JAN. (Day) 25 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan. 25, 1950

9. AGE last birthday: yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 3; Min. 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RALPH MOXLEY

14. MOTHER'S MAIDEN NAME: ALICE MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature-dy

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Atelectasis

159 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-50, to 1-25-50, that I last saw the deceased alive on 1-25-50, and that death occurred at 1:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank A. Faraino M.D. Harford Memorial Hosp. 1/25/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan. 27, 1950

NAME OF CEMETERY OR CREMATORY St Ignatius Ch. Yard.

LOCATION (City, town, or county) Harford Co. Md.

DATE REC'D BY LOCAL REG. Jan. 25-1950

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR R. Madison Mitchell

ADDRESS Havre de Grace, Md.

2-0-1-25-0-22+1-32-2 Havre, Md.

VS. A15

RECEIVED
JAN 27 1950
BUREAU V. S.

Evidence for change of age, shown on

FILM No. G 123 JAN 10 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00544

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (In this place) 20 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Md -; STREET ADDRESS (If rural give location) Brush Chapel Rd.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Greenwood (Last) Palmer

4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: January 18, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel P. Hopkins

14. MOTHER'S MAIDEN NAME: GREENWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Harry E. Palmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema; Congestive Failure;

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1950, to 1/3, 1950, that I last saw the deceased alive on 1/3, 1950, and that death occurred at 7:05 m., from the causes and on the date stated above.

SIGNATURE Frank A. Farsaci (Degree or title) ADDRESS DATE SIGNED 1/3/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Jan 6th 1950; NAME OF CEMETERY OR CREMATORY Bakers Cemetery; LOCATION (City, town, or county) (State) Aberdeen, Harford, Md.

DATE REC'D BY LOCAL REG. Jan 5-1950; REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS Henry Harris & Sons, Aberdeen Md

RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00545

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAVRE DE GRACE
LENGTH OF STAY (in this place): 2½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRYVILLE
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) PATTERSON

4. DATE OF DEATH: (Month) JANUARY (Day) 24, (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: JAN. 9 1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL THOMPSON

14. MOTHER'S MAIDEN NAME: MARTHA JANE Gillespie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Oscar Patterson, Perryville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Left ventricular failure — 3 days.

420.0 T32 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease — 2 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 15 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1950, to Jan 24, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 4 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Mark H. Wachsman M.D — Havre de Grace Md — 1/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1-26-1950 | NAME OF CEMETERY OR CREMATORY: Asbury | LOCATION (City, town, or county) (State): Perryville, Md. Rural

DATE REC'D BY LOCAL REG.: Jan. 25-1950 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son. Perryville, Md.

RECEIVED
JAN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00547

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street (rural) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) F (Last) Pendry

4. DATE OF DEATH: (Month) Jan (Day) 2, (Year) 1950

5. SEX: M. — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: Sept 21, 1923 — 9. AGE last birthday: 26 yrs. — If under 1 year: Months 3, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY: Farmer — 11. BIRTHPLACE (State or foreign country): Rugby, Va — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Barnett Pendry — 14. MOTHER'S MAIDEN NAME: Lucy Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs. Lucy Pendry, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Third Degree Burns Entire Body — Interval between onset and death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 816.5
(c) 170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 165 — (CITY OR TOWN) Street — (COUNTY) Harford — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 2 1950 5 30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Auto Collided + Burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. — 1/2/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 5, 1950 — NAME OF CEMETERY OR CREMATORY Greenwood Church — LOCATION (City, town, or county) (State) Rugby, Va.

DATE REC'D BY LOCAL REG. 1/3/50 — REGISTRAR'S SIGNATURE Priscilla Fourwood — 24. FUNERAL DIRECTOR — ADDRESS Martin G. Kurtz, Jarrettsville, Md.

00011

RECEIVED
JAN 5 1950
BUREAU V. S.

06546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alma (Middle) Jane (Last) Pencola

4. DATE OF DEATH: (Month) Jan. (Day) 3. (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov.-28-1949

9. AGE last birthday: yrs. — If under 1 year: Months. 1 Days 6 — If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ———

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Paul Alexander Pencola

14. MOTHER'S MAIDEN NAME: Ivy May Wing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): ———

16. SOCIAL SECURITY No.: ———

17. INFORMANT AND ADDRESS: Mother, Charlestown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature birth, neonatal death — Interval between onset and death: 37 days

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ———

(c) ———

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION: ———

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ———

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ———

(CITY OR TOWN) ——— (COUNTY) ——— (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ———

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from Nov.-28.-, 1949, to Jan.-3.-, 1950, that I last saw the deceased alive on Jan.-3.-, 1950, and that death occurred at 2:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul Lucentti — Station Hospital Aberdeen Proving Ground, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 5 1950 — NAME OF CEMETERY OR CREMATORY: M.P.G. Post Cemetery — LOCATION (City, town, or country) (State): Aberdeen Harford Md.

DATE REC'D BY LOCAL REG.: Jan. 4-50 — REGISTRAR'S SIGNATURE: Nellie L. Tilley

24. FUNERAL DIRECTOR — ADDRESS: Harvey Farring & Sons. Aberdeen Md

2-0-X-38-9-30-1-28-1

RECEIVED
JAN 11 1950
BUREAU V. S.

00548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) H (Last) Rigsby

4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 6/19/1878

9. AGE last birthday: 71 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): W. Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orch Rigsby

14. MOTHER'S MAIDEN NAME: Catherine Cornwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wm. I. Rigsby Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 week.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.1 93d

(b) Chronic myocarditis & hypertension, arteriosclerotic — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1944, to 1-15, 1950, that I last saw the deceased alive on 1-15, 1950, and that death occurred at 1030 p m., from the causes and on the date stated above.

SIGNATURE: Ted O Hodson (Degree or title) ADDRESS: Edgewood Md DATE SIGNED: 1-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 19, 1950 — NAME OF CEMETERY OR CREMATORY: Cokesbury — LOCATION (City, town, or county): Abingdon (State): Md

DATE REC'D BY LOCAL REG.: Jan 19, 1950 — REGISTRAR'S SIGNATURE: Marie M. Mosledal

24. FUNERAL DIRECTOR: Howard C. McComas & Son — ADDRESS: Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00543

(over)

FILM No. G 124 JAN 25 1950

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Hartford Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Lakeside, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md
STREET ADDRESS (If rural, give location) 101 W. 27th Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Matilda (Last) Scott

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-6-79

9. AGE last birthday: 79 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Scott

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Irene Ryan - Lakeside, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
4221 93d
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford County Bel Air, Md 1/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 1/19/50 | NAME OF CEMETERY OR CREMATORY: St JOHN'S CEMETERY | LOCATION (City, town, or county) (State): LONG GREEN, MARYLAND

DATE REC'D BY LOCAL REG.: 1/18/50 | REGISTRAR'S SIGNATURE: H. W. Hedrick Dm

24. FUNERAL DIRECTOR: THE CHARLES R. LAW MORTUARY 802-04 MADISON AVENUE BALTIMORE 1, MD. 52056

VS. A15

Mr. Palmer states that age is 79 & she looked under than 70.

MARYLAND STATE DEPARTMENT OF HEALTH

00550

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 WILSON ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE; STREET ADDRESS (If rural, give location) 123 WILSON ST.

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) F (Last) SHIPLEY

4. DATE OF DEATH: (Month) JAN. (Day) 4 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Feb. 28th 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months 10; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Morres

14. MOTHER'S MAIDEN NAME: Martha E. Dver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. H Shipley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 48 HRS.

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSIVE CARDIO VASCULAR DISEASE

93d

(c) WITH CARDIAC FAILURE — 2 MONTHS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Dec., 1949, to 4 JAN., 1950, that I last saw the deceased alive on 4 JAN, 1950, and that death occurred at 300 P. m., from the causes and on the date stated above.

SIGNATURE: R B Norment (Degree or title) M.D. ADDRESS 407 S. Union Ave Havre de Grace DATE SIGNED 4 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Jan. 7th 1950 NAME OF CEMETERY OR CREMATORY: Finksburg Cemetery LOCATION (City, town, or county) (State): Finksburg, Carroll Co. Md.

DATE REC'D BY LOCAL REG.: Jan. 5. 1950 REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Henry Tarring & Sons ADDRESS: Aberdeen Md.

RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00551

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 245

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington R.D.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Darlington R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Claude (Middle) (Last) Shupe
4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify)
8. DATE OF BIRTH: May 29 1900
9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Farm Machinery
11. BIRTHPLACE (State or foreign country): Alleghany N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Steve Shupe
14. MOTHER'S MAIDEN NAME: Sarah Farmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 219-22-2393
17. INFORMANT AND ADDRESS: Mrs. Claude Shupe Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Few
415 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93c	(b) Rheumatic Cardio Vascular disease	10-12 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to Jan. 31, 1950, that I last saw the deceased alive on Jan. 20, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Malcolm Dudley Phillips MD Darlington Md 2/2/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Feb. 3 1950 Oak Grove Cem Harford Co, Md

DATE REC'D BY LOCAL REG. Feb. 1 1950 REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. E. Bailey ADDRESS Darlington, Md.

32634

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FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00552

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sta. Hosp. Aberdeen Proving Ground	STREET ADDRESS (If rural, give location) Qtrs. 84 APG, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	J.	Slavik	Jan.	14.	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	13 Jan 1903	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Chaplain	Army of United States	New York city N. Y.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Slavik	Anna Zberka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes Currently	—	Ruth Slavik

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	4 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic heart disease, Chron. nephritis	
	(c) Chronic passive congestion	

420.0
131.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ~~Dec.~~ Death on arrival, 19..., to Jan. 14, 1950, that I last saw the deceased alive on ..., 19..., and that death occurred at 1850 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature]	Station Hospital A.P.G., Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Jan. 16, 1950	Joseph Stotka	1369 1st Ave N. Y. City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 19-50	Nellie F. Riley	Howard K. McComas & Son	Aberdeen Md

V0894

RECEIVED
JAN 20 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00553

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 855 Ontario St.

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) Thompson (Last) Towers

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-5-1892

9. AGE last birthday: 57 yrs. If under 1 year: Months 11, Days 0; If under 24 hrs.: Hours 0, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus Thompson

14. MOTHER'S MAIDEN NAME: Ida Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pancreatic Necrosis — 39 days

585 / 126 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Duodenal Fistula; Jejunal Fistula;

(c) Chronic Peritonitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-29-49

19b. MAJOR FINDINGS OF OPERATION: Acute Cholecystitis; Acute Pancreatitis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1949, to 1/5, 1950, that I last saw the deceased alive on 1/5, 1950, and that death occurred at 12:12 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank A. Faraci M.D. ADDRESS Harford Memorial Hosp. DATE SIGNED 1/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-8-50

NAME OF CEMETERY OR CREMATORY: Wesleyan Chapel

LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Jan. 7. 50

REGISTRAR'S SIGNATURE: C. L. Lewis M. D.

24. FUNERAL DIRECTOR: R. Madison Mitchell, Adel. Md.

ADDRESS

RECEIVED
JAN 10 1950
BUREAU V. S.

00554

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 11 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) V (Last) Walbeck			4. DATE OF DEATH (Month) January (Day) 1st (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Oct. 26 1876	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Ben Griffin			14. MOTHER'S MAIDEN NAME Elizabeth Hale		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT daughter		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized severe arteriosclerosis – Diabetes

61 (c) Mellitus – Nephrosclerosis + Uremia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21st, 1949, to Jan 1st, 1950, that I last saw the deceased alive on Jan. 1st, 1950, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. H. Bisharat	M. D.	Harford Memorial Hospital Havre de Grace	Jan. 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-4-50	NAME OF CEMETERY OR CREMATORY Methodist	LOCATION (City, town, or county) North East	(State) Md
DATE REC'D BY LOCAL REG. Jan. 1-1950	REGISTRAR'S SIGNATURE W. L. Lewis M. D.	24. FUNERAL DIRECTOR Joseph R. Grant	ADDRESS North East Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU V. S.

00555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Harford Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Ethelyn (Middle) L. (Last) Weese

4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1950

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH Oct 13 - 1890 | 9. AGE last birthday 59 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) Frankford W. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Livesay | 14. MOTHER'S MAIDEN NAME Mary Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT AND ADDRESS Mrs Hebert Fleming Fallston Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 hrs
443X Antecedent cause(s)	(b) Hypertensive Cardiovascular Dis.	15 yr.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8, 1950, to ~~, 19~~, that I last saw the deceased alive on 1/8, 1950, and that death occurred at 2:16 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson M.D. ADDRESS Fork, Md. DATE SIGNED 1/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Jan 11-1950 | NAME OF CEMETERY OR CREMATORY Friendship Cem | LOCATION (City, town, or county) Mt. Fallston Harford Co (State) Md

DATE REC'D BY LOCAL REG. 1/10/50 | REGISTRAR'S SIGNATURE Priscilla Lowood | 24. FUNERAL DIRECTOR C. E. Arthur ADDRESS Fork Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. S.